

## REMARKS

Applicants respectfully request reconsideration of the present application in view of the foregoing amendments and in view of the reasons that follow.

This amendment adds, changes, and/or deletes claims in this application. A detailed listing of all claims that are, or were, in the application, irrespective of whether the claims remain under examination in the application, is presented, with an appropriate defined status identifier.

Claims 71 and 77 are currently being amended. No claims are being added or cancelled. Accordingly, claims 71-82 remain pending in the current application.

### Claim Rejections – 35 USC §101

In Section 4 of the Office Action, the Examiner rejected claims 71-76 under 35 USC § 101 asserting that the claimed invention is directed to non-statutory subject matter. Specifically, Examiner stated that a database, a webpage, and a Web portal are all examples of descriptive material which have not been claimed as being tangibly embodied on a computer readable medium.

Claim 71 has been amended to recite a computer implemented database and web portal and a webpage embodied on a computer readable medium. Entry of the amendment and withdrawal the rejection of claims 71-76 under 35 USC § 101 is respectfully requested.

Claim Rejections – 35 USC §112

In Section 8 of the Office Action, the Examiner rejected claims 71-82 under 35 USC §112 asserting that the claims are indefinite for failing to particularly point out and distinctly claim the subject matter which applicant regards as the invention. Specifically, the Examiner stated that it is unclear how the Web portal can operate in both an anonymous and a registered mode since they require different levels of patient identification, it is also unclear how the term “the patient can access...” modifies the scope of the claim, and that it is unclear what level of identification is required for a patient to be “fully identified” or “not fully identified.”

Claims 71 and 77 have been amended to clarify that the Web portal operates in either an anonymous mode or a registered mode based on whether the user has successfully logged in to the web portal and been authenticated. Claims 71 and 77 have further been amended such that “the patient can access...” language has been amended to recite “the patient is provided with...” to clarify that the operation is carried out through the Web portal. Claims 71 and 77 as amended also clarify what is intended by fully identified or not fully identified by clarifying the requirement for entry in the anonymous mode versus the registered mode. Entry of the amendments and withdrawal of the rejection of claims 71-82 under 35 USC §112 is respectfully requested.

Claim Rejections – 35 USC §103

In Section 13 of the Office Action, the Examiner rejected claims 71-82 under 35 USC §103(a) as being unpatentable over U.S. Patent No. 6,988,075 to Hacker

(hereinafter "Hacker") in view of U.S. Patent No. 6,757,898 to Ilсен, et al. (hereinafter "Ilсен"). Applicants respectfully traverse the rejection in view of the amendments to claims 71 and 77.

Claims 71 and 77, as amended, recite an electronic medical record created and maintained by a healthcare provider. The electronic medical record includes a portion created by the patient, allowing the patient to provide patient sourced data such as a daily log, physiology measurements, questions for their physician, etc. This portion may be accessed in either an anonymous mode or a registered mode. The electronic medical record includes a second portion created and maintained by the healthcare providers that includes data of the clinical medical record including patient medical records, test results, patient charts, etc. Because of the more sensitive nature of this type of information the record is configured to only allow access to this information if the user is properly registered, i.e., if they have been authenticated.

Neither Hacker nor Ilсен teaches or suggests an electronic medical record created by a healthcare provider and having a patient-sourced portion and a medical record portion where access to the patient medical record portion requires that the user be registered. Hacker, in the section cited by the Examiner, teaches that patient can access their medical data via a standard Web browser and that access can be controlled, but does not teach or suggest that the medical data includes a patient sourced portion. (Hacker, col. 8, lines 46-55) Ilсен does not cure this deficiency. Ilсен, in the sections cited by the Examiner, teaches a patient scheduling system. There is no suggestion that the system of Ilсен be configured to allow patient to enter data into a medical record created by the

healthcare provider or that such data be accessible in an anonymous mode while access to a medical record portion requires registration.

Accordingly, Hacker and Ilsen, even combined, fail to teach or suggest all of the limitations of claim 71 and 77. Claims 72 through 76 depend from claim 71 and include all of the limitations thereof. Claim 78-82 to depend from claim 77 and include all the limitations thereof. Accordingly, these claims are allowable for at least the same reasons as the independent claims from which they depend. Reconsideration and allowance of claims 71-82 is respectfully requested.

Conclusion

Applicants believe that the present application is in a condition for allowance. Applicants appreciate consideration of the above remarks and invites that the Examiner to telephone the undersigned in the event a telephone discussion would be helpful in advancing the prosecution of the present application. The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 50-1170.

Respectfully submitted,

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